Accident Reporting Form					
Date		Time			
Location of Accident:					
County	City		Route no.		
You and your State Vehicle:					
Agency Name and Address					
Year and Make License		License tag no	tag no. and State		
Name			DL		
Address					
	Other	Vehicle:			
Year and make		License tag no	. and State		
Name		1	DL		
Address					
Insurance Co.					
Policy no.					
Did the police investigate this accident?			☐ Yes ☐ No		
If so, which police department?					
Was anyone charged with a violation?			☐ Yes ☐ No		
If so, who, and what was the charge?					
Was anyone injured?			☐ Yes ☐ No		
If so, who?					
What was the nature of the injury?					

Statement		
In your own words, give the circumstances of the accident.		
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Return this form by mail or fax within 10 days of the date of the accident.

♦ South Carolina State Budget and Control Board Office of General Services State Fleet Management Attention: Safety Officer 1022 Senate Street Columbia, SC 29201-3160

Fax (803) 737-1160

Telephone Numbers

Emergency Medical Service				
Charleston Area	(843) 745-4000			
Lexington County	(803) 359-2521			
Richland County	(803) 254-3061			
Emergency	911			
Law Enforcement				
Highway Patrol (Columbia Area)	(803) 896-9621			
Highway Patrol (Charleston Area)	(843) 740-1650			
Highway Patrol (Greenville Area)	(800) 768-1503			
Richland County Sheriff	(803) 691-9000			
Lexington County Sheriff	(803) 359-8230			
City Police - Columbia	(803) 252-2911			
City Police - Charleston	(843) 577-7074			
Emergency	911			
State Fleet Management				
State Fleet Manager	(803) 737-0668			
Motor Pool Dispatcher	(803) 737-1517			
Fax Number (Reservations)	(803) 737-1931			
Columbia Maintenance Shop	(803) 737-1511			
Safety Office	(803) 737-1602			
Accident Coordinator	(803) 737-1505			
Fax Number	(803) 737-1160			
Repair to vehicles located outside Columbia Area	(800) 277-3686			

Accident Procedures

- ♦ Turn ignition off and evacuate vehicle.
- Render first aid to any injured persons.
- ◆ Call for medical assistance or ambulance if required. (See inside front cover for telephone numbers.)
- ◆ Call local, municipal or county police, or SC Highway Patrol to report accident (see inside front cover for telephone numbers).
- Obtain data concerning other vehicle and driver, and complete Accident Report at Appendix D.
- Turn Accident Report in to your supervisor as soon as possible.
- Give the other driver your name and your agency's name and address. DO NOT ADMIT RESPONSIBILITY FOR ANY ACCIDENT.
- Within 24 hours, report accident to the nearest office of James C.
 Greene Company and State Fleet Management.
- Collect calls will be accepted.

James C. Green Company Telephone Numbers

(864) 226-5525
(843) 525-1160
(843) 571-6863
(803) 771-8820
(843) 662-2566
(864) 232-2418
(864) 229-3302
(803) 285-8419
(843) 449-4402
(803) 536-1671
(803) 328-1844
(864) 582-5688
(803) 775-8316

Accident Procedures (Continued)

Send a copy of the Accident Report (Appendix D) to each of the following addresses:

 ◆ James C. Greene Insurance Adjusters PO Box 616 Columbia, SC 29202

Call Collect (803) 771-8820

◆ Office of General Services State Fleet Management 1022 Senate Street Columbia, SC 29201-3160

Call Collect (803) 737-0668